



GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS
PROFESSIONAL LICENSING BOARDS
237 COLISEUM DRIVE
MACON, GA 31217
(478) 207-2440

NAME CHANGE REQUEST FORM

License Number: _____ SSN Number: _____

Current name (as it appears on license): _____

New Name: _____
PLEASE PRINT CLEARLY (last name, first name, middle name)

Address: _____

Email: _____

(Your email address will not be shared with third parties.)

Attach a **copy** of one of the following if applying for a change of name:

_____ Marriage Certificate

_____ Divorce Decree

_____ Name change approval documents from the court

SIGNATURE

DATE